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APPLICANTS Wilhelmus Diepstraten, Noord-Brabant, NETHERLANDS; Adriaan Kamerman, Utrecht, NETHERLANDS; Kai Roland Kriedte, Duurstede, NETHERLANDS; D.J. Richard Van Nee, De Meern, NETHERLANDS;					
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Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY NETHERLANDS	SHEETS DRAWING 5	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 2
ADDRESS Ryan, Mason & Lewis, LLP 1300 Post Road Suite 205 Fairfield, CT06824					
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FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		